

Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Christine Van Vleck

DATE: April 25, 2003

RE: Gender, Insurance, and Access to Care for Adults in Trouble with the Law

This week's PIP builds on the foundation provided by our earlier examination of variation in access to care for demographic groups in the general population and for identified special populations^{1,2,3}. Among other findings, this work indicated that women were 30% more likely than men to use public mental health services and that adults covered by Medicaid were more than three times as likely as members of the general population to use public mental health services.

As part of an on-going examination of access to behavioral health care for adults with co-occurring disorders, the PIP conducted a variety of analyses that included examination of differences in utilization of behavioral health care services for a number of groups of people who had been in trouble with the law. These analyses included examination of the impact of gender and insurance coverage on access to care for people who had been in trouble with the law. The attached tables and graphs summarize the results of this analysis of adult behavioral health care recipients aged 18-49.

FINDINGS

The results of this analysis indicate that women who had been arrested and/or charged with a crime were almost 40% more likely than men to participate in public community-based behavioral health (mental health and/or substance abuse) programs (25% vs. 18%). This difference between men and women in utilization of behavioral health care, however, was in great part accounted for by differences between men and women in their likelihood of being covered by Medicaid. The women who had been in trouble with the law were 80% more likely than the men to be covered by Medicaid (54% vs. 30%). Rates of participation in behavioral health care programs for men and women who were covered by Medicaid were almost identical (34% for women and 33% for men) and the difference was not statistically significant.

Rates of participation in behavioral health care programs for men and women who were not covered by Medicaid were substantially (and significantly) lower than rates of

participation for men and women who were covered by Medicaid (64% lower for men and 56% lower for women). Participation in behavioral health care programs for women who were not covered by Medicaid was somewhat higher than participation for men who were not covered, (15% vs. 12%) but the difference was not statistically significant.

METHOD

Three data sets were used in this analysis. One data set included all recipients of public community-based behavioral health services in Vermont during FY2002. This data set was created by combining Vermont Department of Developmental and Mental Health Services (DDMHS) and Office of Alcohol and Drug Abuse Programs (ADAP) client data sets for FY2002. The second data set included all Medicaid enrollees for FY2002. This data set was obtained from the Vermont Medicaid authority. The third data set included information for all arrests and all criminal charges for Vermont residents during FY2002. This data set combined data obtained from the Vermont Department of Public Safety and the Vermont Judiciary. Each of these data sets included the date of birth and gender of the individual involved and their county of residence. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the number of people shared across different combinations of data sets.

Probabilistic Population Estimation was used to determine the number of individuals in the criminal justice data set who were also in both the Medicaid and the treatment data set, and the number of individuals in the criminal justice data set who were also in the treatment data set but not in the Medicaid data set. The number of people in all three data sets (treatment, Medicaid, and criminal justice) expressed as a percent of total number of people in both the Medicaid and criminal justice data sets is the treatment participation rate for people with criminal justice involvement who were covered by Medicaid. The number of people represented in both the treatment and criminal justice data sets, but not in the Medicaid data set expressed as a percent of the total number of people who were in the criminal justice data set but not the Medicaid data set is the treatment participation rate for people with criminal justice involvement who were not covered by Medicaid.

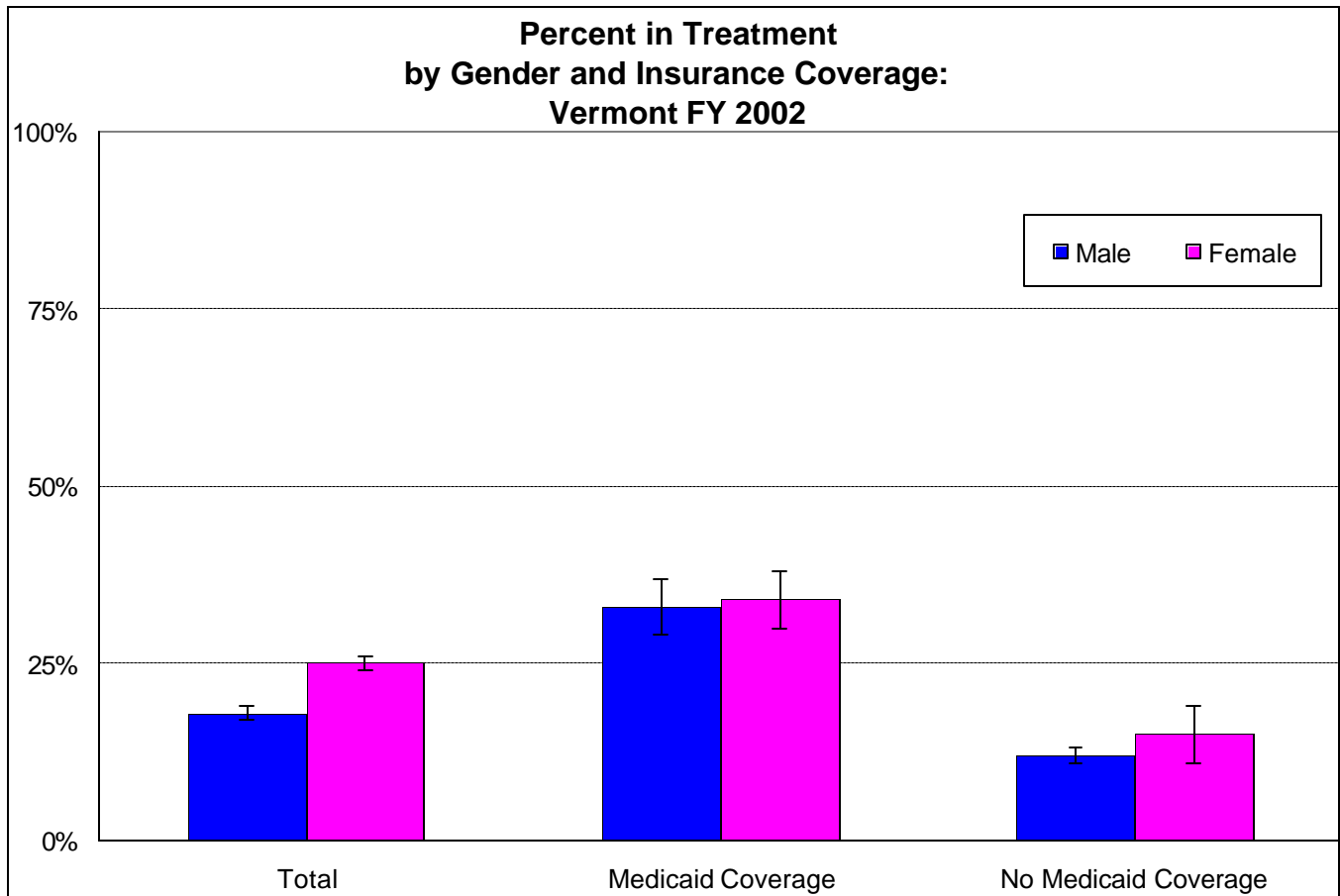
We will appreciate your comments on these findings and suggestions for further analysis to pip@ddmhs.state.vt.us or 802-241-2638.

1. Access to Adult Mental Health Services for the Population as a Whole. PIP Report, January 19, 2001. <http://www.state.vt.us/dmh/Data/PIPs/2001/pip011901.pdf>

2. Access to Adult Mental Health Services: Specified Target Populations. PIP Report January 26, 2001 <http://www.state.vt.us/dmh/Data/PIPs/2001/pip012601.pdf>

3. Pandiani JA, Banks SM, Bramley J, Pomeroy SM, & Simon MM. (2002). Measuring Access To Mental Health Care: A Multi-indicator Approach to Program Evaluation. *Evaluation and Program Planning* 25, 271-285.

Participation in Behavioral Health Care Services Adults (18-49) in Trouble with the Law



	Total		Medicaid Coverage		No Medicaid Coverage	
	Male	Female	Male	Female	Male	Female
# Arrested or Charged	10,240 ± 56	3,314 ± 18	3,078 ± 110	1,796 ± 54	7,162 ± 124	1,518 ± 57
# in Treatment*	1,893 ± 61	842 ± 33	1,019 ± 105	612 ± 73	872 ± 86	229 ± 64
% in Treatment*	18% ± 1%	25% ± 1%	33% ± 4%	34% ± 4%	12% ± 1%	15% ± 4%

Medicaid Coverage		
	Total	
	Male	Female
# covered by XIX**	3,078 ± 110	1,796 ± 54
% covered by XIX**	30% ± 1%	54% ± 2%

*indicates Vermont residents in trouble with the law who participated in treatment.

**indicates Vermont residents in trouble with the law who were covered by Medicaid.

Data sets provided by the Office of Alcohol and Drug Abuse Programs, the Department of Developmental and Mental Health Services, the Department of Public Safety, the Department of Corrections, the Center for Justice Research, and Medicaid. Because data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).